

<b>Case Number:</b>	CM15-0210304		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male, who sustained an industrial-work injury on 4-17-13. He reported initial complaints of back, right shoulder, knee, and jaw pain. The injured worker was diagnosed as having chronic pain, bilateral shoulder pain, bilateral knee pain, right knee meniscal tear, cervical-thoracic-lumbar degenerative disc disease, status post mandibular fracture with open reduction and internal fixation, insomnia, depression, sternal region pain, and plantar fasciitis. Treatment to date has included medication, diagnostic testing, podiatry consult for heel pain, psychological treatment, and physical therapy. MRI results were reported on 11-6-14 showed moderate AC (acromioclavicular) joint arthritis and rotator cuff tendinopathy with minimal undersurface tears of the distal supraspinatus tendon. MR I of the right knee on 1-21-14 showed medial meniscus oblique tear of the anterior horn and possible horizontal tear of the body of the medial meniscus. Currently, the injured worker complains of persistent left shoulder pain and numbness in the right lower facial region with shooting and stabbing pain while eating cold items on the right side. Pain is rated 7 out of 10. There is neck and shoulder region pain as well as bilateral knee pain. The right shoulder has been getting progressively worse Ibuprofen was ordered from at least 5-19-15. Per the primary physician's progress report (PR-2) on 9-16-15, exam notes positive gastric reflux, anxiety, grossly protective of the left upper extremity, tenderness in the left acromioclavicular joint more so than glenohumeral joint, strength is 4 out of 5 in the left shoulder abduction and forward flexion, dysesthesia noted to light touch in the right mandibular and parotid region. Current plan of care includes orthopedic consultation, neurology consultation, and medication. The Request for Authorization requested service to

include Ibuprofen 800mg #60. The Utilization Review on 10-1-15 denied the request for Ibuprofen 800mg #60. On 7/29/15, the orthopedic surgeon for his knee stated that he was utilizing Naproxen with benefit for his knee. On 7/22/15, the treating physician for the pain syndrome prescribed Ibuprofen. Soon afterward, the orthopedic surgeon declared the knee P&S and is no longer actively treating this individual.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS Guidelines discourage the long-term daily use of NSAID medications for chronically painful conditions. However, the Guidelines state that that use should be as short as possible for as low a dose as possible which is somewhat open ended and should be individualized. If there was adequate evidence of ongoing benefits with periodic use, Guidelines would support this. There was previous benefit from prn Naproxen use and it is unclear why another physician has changed this to Ibuprofen without documenting any ongoing benefits. Under these circumstances, the continued daily use of Ibuprofen is not consistent with Guidelines and is not medically necessary. Up to date and adequate documentation could influence this recommendation in the future.